

REPORTS OF CHILD ABUSE AND NEGLECT
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APPENDIX G – CHILD ENDANGERMENT RISK ASSESSMENT

a) Requirements for Use of the Child Endangerment Risk Assessment Protocol

The **Child Endangerment Risk Assessment Protocol (CERAP)** safety assessment is used within the larger protocols of CPI and CWS practice. It is a "life-of-the case" protocol designed to provide workers with a mechanism for quickly assessing the potential for moderate to severe harm immediately or in the near future and for taking quick action to protect children. Workers utilize the protocol to help focus their decision-making to determine whether a child is safe in their home environment and, if unsafe, deciding what measures or actions must be taken to ensure the safety of the child. Even if a child is not in the home, e.g., if a child victim is in a hospital, the CERAP safety assessment is to be based on the child's return home. The major steps that are required to apply the protocol include an assessment and analysis of the safety threats, the completion of the **CERAP** and implementation and monitoring of the **CFS 1441-A, Safety Plan**, when necessary. The **CFS 1441-A (Safety Plan)** is a carbonized form intended to be completed by the investigator or worker in the home with copies left with the primary caregiver and the person most responsible for carrying out the safety plan, if different than the child's primary caregiver.

Department staff and contracted private agency staff are required to utilize the Child Endangerment Risk Assessment Protocol (CERAP) at the specified time frames and at any other time when the worker believes that a child may be unsafe.

- 1) CERAP is a **familial assessment only**; it is **not** completed during the investigation of facility reports, i.e., investigations involving foster homes, residential facilities, schools, or day care facilities.
- 2) Any child safety threats identified as the result of the CERAP must be incorporated into the SACWIS Family Service Plan.

b) Definitions

"Severity of the Behavior/Condition" means the likely degree of harm involved children are subjected to by a behavior/condition that is the responsibility of a caregiver. This degree of harm can range from low to moderate to severe.

"Moderate to Severe Harm" means a serious threat of danger to a child's life or health, impairment to his or her physical or mental well-being, or disfigurement.

"Immediately or in the Near Future" means that an incident can occur now or in the very near future i.e., before the next time department or contracted child welfare staff see a child, if **no** protective action is taken to ensure the child's safety.

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“Child Vulnerability” means any characteristic, condition, or behavior affecting a child that substantially increases the child’s susceptibility to the dangerous behavior of a caregiver or a dangerous condition within the home.

“History” means any known or credibly alleged previous or on-going examples of an identified dangerous behavior/condition for which a caregiver is responsible.

“Mitigation” means family strengths or action taken by caregivers **on their own initiative** (i.e., not instigated by Department staff) that keeps children safe from identified safety threats.

“Paramour” means a current or ex-boyfriend or girlfriend who has been or may be or is in a care-taking role. The paramour may or may not be residing within the family unit. Paramour involved families may be identified at the time of intake, during a child abuse or neglect investigation or anytime during the life of an open service case.

Note: A putative father would fall under the definition of paramour.

“Prevention Services”(formerly **Child Welfare Intake Evaluation**) means non-investigatory services directed to preserving families where children remain in their home without a threat to their safety. Prevention services can take the form of providing families with neighborhood/community linkages and advocacy services on a voluntary/self referral basis. They also may include, but are not limited to, court ordered services such as assessments and visitation orders from Marriage and Dissolution court.

“Safe” means that, after considering all reasonably available information/evidence concerning the presence of each of the 16 potential safety threats, and taking into account the vulnerability of the child, and considering the caregiver(s)’s displayed ability/action to mitigate any identified threats, it is determined that a child in a household or in custodial care is not likely to be moderately or severely harmed immediately or in the near future.

“Safety Plan” means a voluntary, temporary, short-term plan designed to control serious and immediate threats to children’s safety as a result of an unsafe finding on the CERAP. Safety Plans can take a variety of forms and are developed with the input and voluntary consent of the children’s legal caregivers and other family members. Safety plans are typically short term environmental manipulations to ensure child safety; they are not interventions designed to change behaviors over the long term.

Note: Safety Plans are not completed during investigations of foster homes, residential facilities, schools or day care facilities. When there is a formal investigation in these facilities, and the alleged perpetrator is a household member or another person in the facility, children are then protected by the implementation a protective plan, per **Procedure 383**

The **CFS 1441-A (Safety Plan)** is a carbonized form intended to be completed by the investigator or worker in the home with copies left with the primary caregiver and the person most responsible for carrying out the safety plan, if different than the child’s primary caregiver.

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"Unsafe" means that, after considering all reasonably available information/evidence concerning the presence of each of the 16 potential safety threats, and taking into account the vulnerability of the child, and considering the caregiver(s)'s displayed ability/action to mitigate any identified threats, it is determined that a child in a household or in custodial care is likely to be moderately or severely harmed immediately or in the near future. In the event a child is considered Unsafe, a safety plan or protective custody **must** be implemented by the worker completing the CERAP, and approved by the supervisor.

c) Safety Concepts

The Child Endangerment Risk Assessment Protocol (CERAP) is a process whose purpose is to identify the likelihood of moderate to severe harm, i.e. safety threats, in the immediate future. When immediate risk to a child's safety is identified, the protocol requires that action be taken, such as the implementation of a safety plan or protective custody. Identified safety threats and the safety plan to control them must be documented in SACWIS and the CFS 1441-A, **Safety Plan**.

Safety threats are restricted to the essential criteria of immediacy and severity or potential degree of harm. Since risk allows a broader concept for evaluation of the family, safety threats are depicted within the broader meaning of risk. The purpose of the broader area of risk is not control, but rather to decrease the risk of future maltreatment and resolve problems that cause risk. Safety threats must be controlled and risk factors may be resolved or reduced.

The primary purpose of the CERAP is to immediately control the situation to prevent harm from occurring in the short-term. The primary purpose of risk assessment is to reduce or resolve the problems that lead to risk. Safety and risk both require intervention in order to prevent harm, however safety must always be assessed quickly, while risk may be assessed over a longer period of time.

Safety and risk are different in two important ways:

1) Time Element:

- Safety considers danger of harm now or in the very near future.
- Risk considers a longer-term threat, e.g. a child may be at risk months into the future.

2) Potential Degree or Severity of Harm:

- Safety is concerned with the potential for moderate to severe harm.
- Risk is concerned with the full range of severity of harm, i.e., from low to severe.

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d) Instructions for Completing the CERAP

1) Identifying Information:

Enter the case name, the date of the SCR report, agency name, region/team/office or region/site/field, date of current assessment, date of certification, the name and ID of the investigator or worker completing the assessment, and the SCR/CYCIS number, if applicable.

2) Milestones: When the Protocol Must Be Completed Within Each Specialty

Indicate the activity and the milestone in relation to which the CERAP is being completed as follows:

A) **Child Protection Investigation** The CERAP safety assessment must be conducted on the child's home environment, at a minimum, at the following case milestones:

- i) Within 24 hours after the investigator first sees the child.
- ii) Whenever evidence or circumstance suggests that a child's safety may be in jeopardy.
- iii) Every 5 working days following the determination that a child is **unsafe** and a safety plan is implemented. Such assessment must continue until either all children are assessed as being safe, the investigation is completed or all children assessed as unsafe are removed from the legal custody of their parents/caregivers and legal proceedings are being initiated in Juvenile Court. This assessment should be conducted considering the child's safety status as if there was no safety plan, (i.e., would the child be safe **without** the safety plan?).
- iv) At the conclusion of the formal investigation, unless temporary custody is granted or there is an open intact case or assigned caseworker. The safety of all children in the home, including alleged victims and non-involved children, must be assessed.

For any Safety Threat that was marked "Yes" on the previous CERAP that is marked as "No" on the current CERAP (indicating the Safety Threat no longer exists), the completing worker will provide an explanation in a contact note as to what changed in order to eliminate the Safety Threat.

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B) Prevention Service (formerly Child Welfare Intake Evaluation) CERAP safety assessments must be conducted on the child's home environment when the assigned worker makes contact with the family, at a minimum, at the following case milestones:

- i) Within 24 hours of seeing the children, but no later than 5 working days after assignment of a Prevention Services referral.
- ii) Before formally closing the Prevention Services referral, if the case is open for more than 30 calendar days
- iii) Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.

If any safety threat is marked "Yes" on the CERAP safety assessment, the Prevention Services worker should call the State Central Register (SCR) hotline.

C) Intact Family Services CERAP safety assessments must be conducted on the child's home environment, at a minimum, at the following case milestones:

- i) Within 5 working days after initial case assignment and upon any and all subsequent case transfers. **Note:** If the child abuse/neglect investigation is pending at the time of case assignment, the Child Protection Service Worker remains responsible for CERAP safety assessment and safety planning until the investigation is complete. When the investigation is complete and approved, the assigned intact worker has 5 work days to complete a new CERAP;
- ii) Every 90 calendar days from the case opening date;
- iii) When evidence or circumstances suggest that a child's safety may be in jeopardy;
- iv) Every 5 working days following the determination that any child is **unsafe** and a safety plan is implemented. Such assessment must continue until either all children are assessed as being safe, the investigation is completed or all children assessed as unsafe are removed from the legal custody of their parents/caregivers and legal proceedings are being initiated in Juvenile Court. This assessment should be conducted as if there was no safety plan (i.e., would the child be safe **without** the safety plan?).

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- v) Within 5 calendar days of a supervisory approved case closure.

For any Safety Threat that was marked “Yes” on the previous CERAP that is marked as “No” on the current CERAP (indicating the Safety Threat no longer exists), the completing worker will provide an explanation in a contact note as to what changed in order to eliminate the Safety Threat.

- D) **Placement Cases** For cases with a reunification goal, CERAP safety assessments must be conducted considering children’s safety as if they are to be returned to the caregivers from whom they were removed. At a minimum, the safety of children placed in substitute care must be assessed at the following case milestones:

- i) Within 5 working days after a worker receives a new or transferred case, **when there are other children in the home of origin.**
- ii) Every 90 calendar days from the case opening date.
- iii) When considering the commencement of unsupervised visits in the home of the parent or guardian.
- iv) Within 24 hours prior to returning a child home.
- v) When a new child is added to a family with a child in care.
- vi) Within 5 working days after a child is returned home and every month thereafter until the family case is closed.
- vii) Whenever evidence or circumstances suggest that a child’s safety may be in jeopardy.

For any Safety Threat that was marked “Yes” on the previous CERAP that is marked as “No” on the current CERAP (indicating the Safety Threat no longer exists), the completing worker will provide an explanation in a contact note as to what changed in order to eliminate the Safety Threat.

- E) **Clarifications Regarding Who Is Included in the CERAP Safety Assessment:** At the initial CERAP safety assessment conducted during the child abuse and neglect investigation:

- All alleged child victims must be seen and, if verbal, interviewed out of the presence of the caregiver and alleged perpetrator.

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- All other children residing in the home must be seen prior to the conclusion of the formal investigation, and, if verbal, interviewed out of the presence of the caregiver and alleged perpetrator.
- Non-involved children who are present during the initial CERAP safety assessment are to be included in the assessment.
- All adult members of the household and anyone listed as a case member shall be included in the CERAP safety assessment, to consider what effects they have on the children's safety.

If a child, caregiver, paramour or member of the household has not been included in the assessment, list who they are and why they were not assessed. When one of these members is assessed and the assessment changes the results of the current assessment, a new CERAP safety assessment must be completed. If the assessment does not change, the worker shall indicate this by opening the "Reason not Assessed" drop down box in the Members tab and returning it to no selection made (blank). The supervisor shall approve the addition of the participant.

If any change in the safety status of any child has been identified at any time, a new CERAP safety assessment must be completed.

e) **STEPS FOR COMPLETING THE CHILD ENDANGERMENT RISK ASSESSMENT PROTOCOL**

Safety Threat Assessment

Safety threats are behaviors or conditions that may be associated with a child or children being in danger of moderate to severe harm immediately or in the near future. All children residing in the home are to be seen, and if verbal, interviewed out of the presence of the caregiver and alleged perpetrator, if possible. When completing the CERAP, consider the effect any adult or other member of the household could have on a child's safety. Identify the presence of each threat by checking "Yes" on the CERAP, which is defined as there is **"clear evidence or other cause for concern."**

The simple presence of any one of the below listed behaviors and/or conditions does not, in and of itself, mean that a child should be determined to be unsafe. When considering the listed behaviors and/or conditions, the following criteria must be considered when assessing the presence of a safety threat:

- 1) **Child Vulnerability:** Each safety threat must be considered from the perspective of the threat it poses for **the particular children involved**. Some children are more vulnerable than others. Factors that influence a child's vulnerability include, but are not limited to:

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- Younger children who lack good verbal skills, in particular, non-verbal children.
 - Children affected by developmental disabilities/deficits.
 - Children who have serious medical problems.
 - Children who exhibit psychological, emotional, or behavioral problems.
- 2) **Severity of the Behavior/Condition:** Severity of a safety threat must be considered within the context of the other safety threat criteria, child vulnerability and the history of safety threats. Severity may refer to the degree or extent of an alleged maltreatment incident e.g., a child with multiple and/or serious injuries or it may refer to the degree to which a caregiver's behavior threatens child safety, e.g., a caregiver whose substance abuse is severe enough to threaten child safety. Severity is concerned with the degree of potential for harm given the behavior.
- 3) **History:** A safety threat must be considered in the context of any known or alleged previous examples of safety threats. Anecdotal reports about safety threats must be considered, but attempts must be made to verify the information with credible sources. Chronic safety threats must be assessed as posing greater danger to children. Any prior child abuse/neglect history and/or criminal arrest and conviction records, if available, must be evaluated and taken into consideration with respect to child safety.

When there are no safety threats that were checked "YES", the worker is to summarize the available information which indicates that no child is likely to be in immediate danger of moderate to severe harm.

4) **Safety Threat Identification**

Once a safety threat has determined that a child is not safe, identify:

- All children affected.
- The caregiver(s) responsible for creating or allowing the safety threat.
- The source of information identifying the safety threat.

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- f) CERAP safety assessment threats are listed below with examples to illustrate each of the 16 threats.**

Safety Threats-

- 1) A caregiver, paramour or member of the household whose behavior is, or has been, violent and/or out of control. Examples of such behavior include, but are not limited to:**
 - A documented or credibly alleged history of violent activity, the nature of which constitutes a threat to a child.
 - Hostile physical or verbal outbursts directed at a child.
 - Behavior that indicates a serious lack of self-control, e.g., acting reckless, unstable, a volatile or explosive temperament towards a child.
- 2) A caregiver, paramour or member of a household suspected of abuse or neglect that resulted in moderate to severe harm to a child or who has made a plausible threat of such harm to a child. Examples of such include, but are not limited to:**
 - Any caregiver who may have caused or allowed moderate to severe injury to a child.
 - A child who has injuries and reasonable information suggests that they may be non-accidental.
 - An infant with an unexplained injury.
 - Direct or indirect threats, that are believable, to cause harm to a child.
 - Plans to retaliate against a child for causing or cooperating with a CPS investigation.
 - Torture or excessive physical force or punishment.
- 3) A caregiver, paramour or member of the household who has a documented history of perpetrating child abuse/neglect or any person for whom there is a reasonable cause to believe that he/she previously abused or neglected a child. The severity of that maltreatment, coupled with the caregiver's failure to protect, suggests that child safety may be an urgent and immediate concern. Examples of such include, but are not limited to:**
 - Previous abuse or neglect that was serious enough to cause or could have caused moderate to severe harm.
 - A caregiver is known to have retaliated or threatened retaliation against a child.
 - An escalating pattern of maltreatment.
 - A caregiver who does not acknowledge or take responsibility for prior moderate to severe harm inflicted to a child or tries to explain away prior incidents of moderate to severe harm.
 - Unreported, but credible, anecdotal accounts of prior maltreatment.

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- Efforts to conceal evidence of moderate to severe harm, e.g., child required to wear long pants, long sleeved shirts to conceal bruises or other marks or caregiver applies makeup to conceal marks.
- 4) Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern. Examples of such include, but are not limited to:**
- A child forced or encouraged to engage in sexual performance or activity, including, e.g., sexually gratifying a caregiver or others.
 - A possible or confirmed perpetrator who continues to have access to a child.
 - The caregiver does not believe or support the allegations of sexual abuse made by a child.
 - The child is allowed or forced to watch or read pornographic materials.
- 5) A caregiver, paramour or member of the household is hiding the child, refuses access, or there is some indication that a caregiver may flee with the child. Examples of such include, but are not limited to:**
- A family has previously fled in response to a CPS or police investigation.
 - A family has removed child from a hospital against medical advice.
 - A family has history of keeping a child at home and/or away from peers, school or other outsiders for extended periods.
 - The family says they may flee or it appears as they are preparing to flee.
- 6) Child is fearful of his/her home situation because of the people living in or frequenting the home. Examples of such include, but are not limited to:**
- A child cries, cowers, cringes, trembles or otherwise exhibits fear in the presence of certain individuals or verbalizes such fear.
 - A child exhibits severe anxiety (e.g., nightmares, insomnia) that appears to be associated with someone in the home.
 - A child has reason to expect retribution or retaliation from caregivers.
 - A child is isolated from extended family members or others with whom the child feels safe.
- 7) A caregiver, paramour, or member of the household describes or acts toward the child in a predominantly negative manner. Examples of such include, but are not limited to:**
- Describing a child in demeaning or degrading terms, such as evil, stupid, ugly, a liar, a thief, etc.
 - Cursing at a child in a demeaning, degrading, and/or hostile manner.
 - Using a particular child as a scapegoat.

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- 8) A caregiver, paramour, or member of the household has dangerously unrealistic expectations for the child. Examples of such include, but are not limited to:**
- The child is expected to perform or act in a way that is impossible or improbable for the child's age, e.g., babies and toddlers expected not to cry or to be still for extended periods; young children to be toilet trained, eat neatly or take responsibility beyond their years.
 - Appearing to interpret child's non-compliance as defiance of caregiver/paramour's authority.
 - Punishment is imposed that is beyond the ability of a child at that age to endure.
- 9) A caregiver, paramour or member of the household expresses credible fear that he/she may cause moderate to severe harm to a child. An example of such behavior includes, but is not limited to:**
- A father who reports he is going to physically harm his teen-aged son because the child's behavior is out of control.
 - A parent who reports she intends to drop her child out of a 2nd story window.
- 10) A caregiver, paramour or member of the household has not, will not, or is unable to provide sufficient supervision to protect a child from potentially moderate to severe harm. Examples of such behavior include, but are not limited to:**
- The caregiver places a child in situations that are likely to require judgment or actions greater than the child's level of maturity, physical condition, and/or mental abilities. e.g., although caregiver present, child can wander outdoors alone, play with dangerous objects, play on an unprotected window ledge or be exposed to other serious hazards.
 - A caregiver leaving a child alone longer than would be safe, given the child's age and developmental state.
 - A caregiver makes inadequate or inappropriate child care arrangements or demonstrates very poor planning for a child's care, e.g., a two-year old who is left home alone, a seven-year old who is left to care for his one and two-year old sisters.
- 11) A caregiver, paramour or member of the household refuses to or is unable to meet a child's medical or mental health care needs and such lack of care may result in moderate to severe harm to the child. Examples include, but are not limited to:**
- A caregiver failing to seek treatment for a child's immediate and dangerous medical or mental health condition.

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- A caregiver does not follow prescribed treatment for any serious medical or mental health condition.
- 12) A caregiver, paramour or member of the household refuses to or is unable to meet the child's need for food, clothing, shelter, and/or appropriate environmental living conditions. Examples of such include, but are not limited to:**
- A child denied food and/or drink on a consistent or ongoing basis; or
 - A child appearing malnourished.
 - A child without adequate warm clothing in cold months or adequate housing or emergency shelter.
 - A gas leak from a stove or furnace, peeling lead-based paint accessible to a child, or hot water/steam leaks from radiators.
 - Dangerous substances or objects stored in unlocked lower shelves, cabinets, under a sink.
 - A significant amount of raw garbage in the household that has not been disposed of properly.
- 13) A caregiver, paramour or member of the household whose alleged or observed substance abuse may seriously affect his/her ability to supervise, protect or care for the child. An example of such behavior includes, but is not limited to;**
- A caregiver, paramour or household member whose substance abuse significantly impairs their ability, or is likely to impair their ability, to provide care for a child.
 - A caregiver, paramour or household member's substance abuse would cause them to inflict moderate to severe harm to a child or allow a child to come to moderate to severe harm.
 - A caregiver, paramour or household member's substance abuse extends to selling and or manufacturing drugs while a child is present or in proximity.
- 14) A caregiver, paramour or member of the household whose alleged or observed mental/physical illness or developmental disability may seriously impair or affect his/her ability to provide care for a child. Examples of such include, but are not limited to:**
- A caregiver who hears voices telling them to harm a child.
 - A child who has become a part of their caregiver's delusional system.
 - A caregiver's behavior that seems out of touch with reality and/or is extremely irrational.
 - A caregiver lacking the physical or intellectual capacity to safely care for a child.
 - A caregiver who is not able and/or willing to engage in needed supports such as medications or mental health services, resulting in harm to a child or likely harm to a child.

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- 15) **The presence of violence, including domestic violence, that affects a caregiver's ability to provide care for a child and/or protection of a child from moderate to severe harm. Examples of such include, but are not limited to:**
- A domestic violence abuser who exhibits controlling behaviors.
 - A domestic violence abuser who has stalked the caregiver and/or child.
 - A domestic violence abuser who has threatened to kill or harm the caregiver and/or child.
 - A domestic violence abuser who recently displayed a violent outburst that resulted in injury or threat of injury to a child or the caregiver while child was in his/her care.
 - A caregiver who is unable to provide basic care and supervision for a child due to an injury or incapacitating condition, forced isolation or other controlling behavior forced upon them by an a domestic violence abuser.
 - A caregiver forced under threat of harm to participate in or witness moderate to severe harm of a child and/or a child being forced under threat of moderate to severe harm to witness or participate in the abuse of the caregiver.
 - A caregiver or child who has injuries the caregiver denies were inflicted by a domestic violence abuser, despite evidence to the contrary.
 - A caregiver with a history of abusing a child after incidents of domestic violence in which the caregiver was the victim.
- 16) **A caregiver, paramour, member of the household or other person responsible for the child's welfare engaged in or credibly alleged to be engaged in human trafficking poses a safety threat of moderate to severe harm to any child in the home. Examples of such safety threats include, but are not limited to:**
- Any caregiver who causes or allows a child to be coerced to perform labor.
 - Any caregiver causing or allowing a child to be used for domestic servitude or peonage (labor provided to settle a debt).
 - Any caregiver who causes or allows a child to be used for commercial sexual exploitation, i.e., prostitution, the production of pornography or for sexually explicit performance.
 - Any caregiver who exposes a child to an environment or set of circumstances that places them at risk of being harmed or exploited, in a manner consistent with the definition of human trafficking.

Safety Threat Description

When safety threats have been identified, describe how the particular threat relates to specific individuals, behaviors, conditions and circumstances.

Note: When No safety threats have been identified, indicate the CERAP is Safe. When one or more safety threats have been identified, complete the section entitled Family Strengths Mitigating Circumstances.

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Family Strengths/Mitigating Circumstances

Most often when a safety threat has been identified as present, children must be assessed as unsafe.

When families are themselves able to control behaviors or conditions that would otherwise render their children unsafe, the safety threat is mitigated.

In order for a family strength or action to constitute mitigation, it must take place *on the initiative of family members* and *not* at the suggestion or instigation of the Department. When the Department suggests or instigates an action in response to an identified safety threat, the action is part of a safety plan.

For each safety threat checked “yes” in Section I, describe in detail any family strengths or actions that mitigate the identified behavior/condition. If one or more safety threats have been identified and **all** identified safety threats are adequately controlled by family strengths or actions, all involved children must be assessed as safe. Identify family members and others responsible for assuring that each mitigating action or circumstance occurs/continues.

Safety threats may be mitigated when:

- 1) **Caregivers, acting on their own initiative, take reasonable action(s) to correct dangerous behaviors/conditions.** For example, a family may move in with relatives while dangerous conditions in the home are corrected.
- 2) **There is an adult caregiver residing in the home who is willing and able to control the identified behavior/condition.** This may be a parent, relative, or other adult who is present in the home (who is not the source of the safety threat) *whenever* affected children are there. In order for a caregiver to be deemed willing and able to control an identified safety factor, he/she must:
 - Demonstrate an understanding of the identified safety threat(s) and the need for protection.
 - Believe that maltreatment may have occurred, is serious, and that the alleged perpetrator(s) may have been responsible.
 - Believably express a willingness and commitment to act to protect all involved children and has not demonstrated an unwillingness or lack of commitment to act to protect all involved children in the past.
 - Believably express a willingness to communicate with Department staff about the family’s situation with particular regard to identified safety threats.
 - Display the physical, intellectual, and emotional capacity to ensure the child(ren)’s protection.

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- 3) **The caregiver(s) responsible for the safety threat are removed from the home.** In order to be considered mitigation, this action must be done *on the initiative of the family*. The absence of an alleged perpetrator because of outside intervention (i.e., arrest) does not constitute *initiative of the family* unless they actively sought law enforcement intervention. As an example of *initiative*, a mother may obtain an order of protection requiring that a violent father leave the home, a substance abusing parent may enter inpatient substance abuse treatment without the intervention of the Department.

When safety threats are mitigated, the assigned worker, in consultation with his or her supervisor, shall ensure the mitigated circumstances remain mitigated through the course of his or her work while assigned to the case. Facts supporting mitigation must be verified and cannot be based solely on self-report. If a safety threat is no longer able to be mitigated, this change in status would require the completion of a new CERAP.

g) **Children, Caregivers, Paramours or Members of the Household Who Were Not Assessed and the Reasons Why**

If a child, caregiver, paramour or member of the household has not been included in the assessment, list who they are and why they were not assessed. When one of these members is assessed and the assessment changes the results of the current assessment, a new CERAP safety assessment must be completed. If the assessment does not change, the worker shall indicate this by opening the “Reason not Assessed” drop down box in the Members tab and returning it to no selection made (blank). The supervisor shall approve the addition of the participant.

If any change in the safety status of any child has been identified at any time, a new assessment must be completed.

h) **Critical Decisions**

CERAP/Safety Decisions - Identify the safety decision as safe or unsafe based upon the assessment of all safety threats and any pertinent mitigating family strengths and/or actions. **This decision requires supervisory consultation via phone at the time of assessment.**

- 1) If **no** safety threats are identified, all involved children **must** be assessed as safe.
- 2) If one or more safety threats have been identified and **all** identified safety threats are adequately controlled by family strengths or actions, all involved children must be assessed as safe. **The fact that a child might be safe is independent from the decision regarding whether the allegation is indicated or not. A child may be safe from further abuse at the hands of a removed perpetrator, but that does not negate the fact that they were abused.**

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- 3) If one or more safety threats have been identified and all identified safety threats are **not** controlled (mitigated) by family strengths or actions, all children affected by the unmitigated safety factor **must** be assessed as unsafe.

When a decision is made that a child is unsafe, a safety plan must be developed and implemented or protective custody must be taken to avoid immediate danger to a child.

i) Signatures and Distribution of Form

The CERAP must be completed by the assigned worker and approved by the respective supervisor after completion. The supervisor or **designee** shall approve the CERAP within 24 hours after the worker has completed it, if a safety threat has been marked “unsafe”. If no safety threat has been marked unsafe and the worker has completed the **CERAP** on a weekend or holiday and more than 24 hours will elapse before the supervisor or designee can approve, the supervisor or designee shall approve the form on the next working day.

j) Safety Planning

Safety plans are voluntary, temporary and short term measures designed to control serious and immediate threats to children's safety. They must be adequate to ensure the child's safety and be as **minimally disruptive** to the child and family as is reasonably possible. Additionally, families can request that a safety plan be modified or terminated at any time. The Safety Plan will indicate which Safety Threat or Threats have led to the need for a Safety Plan according to the completion of the CERAP. The Safety plan will require a written description of what will be done or what actions will be taken to protect children, who will be responsible for implementing the components of the safety plan and how/who will monitor it. It is important that safety plans be developed with the family to control specific threats and that the family understands the mechanism for ending each safety plan. Under no circumstance is a safety plan to serve as the solution to a long-term problem. A family may request at any time to modify or terminate the safety plan.

When a safety plan is implemented, it should be documented on a **CFS 1441-A** when it is likely that a child could be moderately or severely harmed now or in the very near future. The safety plan must be developed whenever there are protective efforts that would reasonably ensure child safety and permit the child to remain in their caregiver's custody. After the safety plan has been developed, it must be immediately implemented to ensure that all of the designated tasks are completed effectively. The safety plan should contain timeframes for implementation and continued monitoring.

The family must be informed that their participation in the development and implementation of the safety plan is voluntary and, to the extent safely possible, the worker must enlist the family's participation in the safety plan's development **Consideration should be given to a non-custodial parent when developing the safety plan.** The worker must consider the legal relationship between the alleged perpetrator and the alleged child victim and other children in the home who will be involved in the safety plan. Persons legally responsible for

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the child (this includes biological parents) have the right to make decisions with respect to their child, even when this person is the subject of a child abuse or neglect investigation. When developing a safety plan with the family, the worker should include those legally responsible for the child in every aspect of safety planning when possible. If the worker is unable to include an individual who is legally responsible for the child, the worker will make every effort to contact the individual as soon as possible to discuss the safety plan. Consideration should be given to those individuals the child identifies as a person with whom he/she feels safe and trusts.

When a biological parent or person legally responsible for the child indicates he or she is divorced, in the process of divorcing or involved in court proceedings regarding custody of the child, the worker must ask the individual about any custody or visitation agreements that are in place as a result of a divorce or a court order. When circumstances meet the standard to take protective custody, the Department and other agents authorized by law can take protective custody regardless of the existence of court-ordered custody or visitation plans. If there is an existing court-ordered custody or visitation schedule, any party to the court order whose rights are affected by the safety plan must voluntarily agree to the terms of the safety plan by signing it. The worker should request any court orders or custody agreements that the individual can provide. If the worker feels there is a need to request the individual forego his or her visitation according to a court order or court approved agreement in order to implement a safety plan, the individual would need to agree to voluntarily suspend his or her visitation. If the person legally responsible for the child does not agree to the safety plan, the worker should consult with his or her supervisor for further direction. Possible solutions could be developing another safety plan that can be agreed upon, one of the legally responsible individuals going to court to modify the custody provisions or taking protective custody.

Workers and supervisors must remember that a safety plan cannot be implemented after protective custody has lapsed due to the local State's Attorney office NOT filing a petition in Juvenile Court, unless relevant new facts are learned. When a States Attorney Office declines because further information is needed, it is not the same as a refusal to file.

When the safety plan is developed, the worker must explain it to the family and must inform the family about the potential consequences if the safety plan is refused or violated. If the family refuses to accept the safety plan or if the safety plan is violated, the worker must reassess the situation. Upon reassessment, the worker shall inform the family of the need to develop a new safety plan, possible protective custody and/or a referral to the State's Attorney's Office for a court order. The worker shall document the family's agreement and commitment in the appropriate case record as described below under Signatures and Distribution of Safety Plan.

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k) In-home Safety Plans

Some safety plans may be implemented with family members remaining together. When in-home safety plans adequately ensure child safety they are preferable because they are less disruptive to the lives of children and families. Required factors for in-home safety plans include all of the following:

- The caregivers are willing to implement the in-home safety plan and be reasonably cooperative with those persons participating in carrying out the safety plan.
- Steps outlined in the safety plan must be **immediate**.
- The safety plan must be action-oriented and contain specific changes needed to control identified safety threats.
- Safety plans must **never** be based on promissory commitments from caregivers, e.g., an abuse perpetrator promises to attend counseling or not to use excessive corporal punishment or a neglectful perpetrator promises not to leave children unsupervised.
- The safety plan must be reasonable and sustainable for the family.
- Consider should be given to the involvement of those individuals the child identifies as a person with whom he/she feels safe and trusts.

l) In-home Safety Plan: Protective Caregiver

In-home safety plans may include the introduction of a protective caregiver into the home. The DCFS or private agency worker must work with the family to identify someone willing and able to fulfill the protective caregiver role. The protective caregiver is to oversee and supervise all child care activities whenever the children are present. It is not realistic to expect that a protective caregiver can prevent all unsupervised contact between the child and the caregiver responsible for the safety threat when they reside in the same home. Therefore, if any unsupervised contact between the child and the caregiver responsible for the safety threat constitutes a danger to the child, the introduction of a protective caregiver may be inadequate. Protective caregivers must:

- demonstrate an understanding of the identified safety threat(s) and a child's need for protection.
- believe and understand that maltreatment may have occurred and that the alleged perpetrator(s) may have been responsible.

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- believably express a willingness and serious commitment to act to protect involved children.
- have a credible explanation for why they did not intervene to insure child safety in the past, if there were signs of danger to a child that could reasonably have been noticed and acted upon.
- believably express a willingness to communicate with Department staff about the family's situation regarding identified safety threats.
- display the physical, intellectual, and emotional capacity to ensure a child's protection.

Note: A CANTS and LEADS check must be completed on all protective caregivers in order to consider the appropriateness of the potential caregiver.

m) **In-home Safety Plan: Removal of Alleged Perpetrators**

When there are two caregivers who have a legal relationship with the child and both are present, both must sign the safety plan. Some in-home safety plans may include the **voluntary** removal of the caregiver responsible for the safety threat. In such cases the "non-offending" caregiver must:

- Demonstrate an understanding of identified safety threats and the need for protection.
- Believe and understand that maltreatment may have occurred and that the caregiver removed from the home may have been responsible.
- Believably express a willingness and commitment to protect all involved children.
- Believably express a willingness to communicate with Department staff about the family's situation with respect to identified safety threats.
- Display the physical, intellectual, and emotional capacity to ensure child protection.

Example: a grandmother agrees to call the Hotline in the event that the dangerous caregiver returns to the home.

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n) In-Home or Out of Home Safety Plan Requirements for Alternate Protective Caregivers

Safety plans may include stipulations that children be **temporarily and voluntarily** moved to the home of a protective caregiver, e.g., the home of a relative or friend. In order for a protective caregiver to be deemed willing and able to control an identified safety threat she/he must:

- Demonstrate an understanding of identified safety threats and the need for child protection.
- Believe and understand that maltreatment may have occurred, and that the alleged perpetrator(s) may have been responsible.
- Believably express a willingness and commitment to act to protect all involved children.
- Believably express a willingness to communicate with Department staff about the family's situation with respect to identified safety threats.
- Display the physical, intellectual, and emotional capacity to ensure child protection.
- Agree to continue with the child's current academic and social activities.

In addition,

- A SACWIS and LEADS check must be completed on all adult members of the protective caregiver's home.
- The physical environment of the protective caregiver's home must be assessed for safety hazards.

Every safety plan must specify the conditions under which the safety plan is to be terminated and a time frame when this can be expected to occur. Though safety plans are voluntary and developed in cooperation with the family, the safety plan must also explain the consequences if the caregiver does not agree to implement or fails to carry out the terms of the safety plan. Failure to agree to or carry out the safety plan may result in a reassessment of the home and possible protective custody and/or referral to the State's Attorney's Office for a court order to remove the children from the home. The worker developing the safety plan must stress with the protective caregiver that the safety plan is a voluntary, short-term agreement and the legal parent retains all of his or her rights.

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o) Signatures and Distribution of the Safety Plan

A completed safety plan must be given verbal approval by the supervisor or his/her designee by phone, then signed and dated by the primary caregiver and the DCFS or private agency worker. The completed safety plan must also be signed by any other persons responsible for implementing the safety plan, as well as any other persons responsible for components of the safety plan.

A copy of the completed **CFS1441-A** shall be given to the primary caregiver, and to the protective caregiver identified in the safety plan, if other than the primary caregiver. The worker will ensure that other individuals involved in the safety plan also receive a copy of the **CFS 1441-A**. The DCFS or POS agency worker shall include on the form the contact information for the worker and the approving supervisor. The original shall be placed in the child/family case file of the child protection investigator or the assigned caseworker and forwarded to the appropriate service worker when a case is transferred.

The respective supervisor or designee shall approve the completed safety plan within 24 hours after the worker has signed it. If the worker has signed the **CFS 1441-A** on a weekend or holiday and more than 24 hours will elapse before the supervisor can approve the safety plan, the supervisor shall then approve the safety plan in SACWIS on the next working day.

In all other instances when the supervisor who gave verbal approval will not be available to approve the safety plan in SACWIS, due to a prolonged absence, another supervisor may approve the safety plan.

p) Responsibility for Monitoring and Managing Safety Plans

Department staff must ensure that the caregiver responsible for the safety threat has not returned to the home. Department staff may seek assurances that a caregiver responsible for a safety threat has not returned to the home by talking with children or other adults in the home, discussing with neighbors, visiting where the alleged perpetrator currently resides, speaking to school staff, etc. A new CERAP safety assessment must be completed every five working days following the determination that any child in a family is unsafe and a safety plan is implemented. Such assessment must continue until either all children are assessed as being safe, the investigation is completed or all children assessed as unsafe are removed from the legal custody of their parents/caregiver and legal proceedings are being initiated in Juvenile Court. This assessment should be conducted considering the child's safety status as if there was no safety plan, i.e., would the child be safe without the safety plan? This CERAP safety assessment will determine the point at which a safety plan may be terminated or its conditions modified. When a safety plan has been modified, the worker must obtain the signatures of the parent/caregivers and other adult participants on a new **CFS 1441-A** and provide the parent/caregivers and other adult participants with a copy of the new **CFS 1441-A** documenting the conditions of the modified safety plan.

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When a worker implements a safety plan and discovers through the course of his/her work that a safety threat has been **eliminated**, the worker should immediately discuss this with his or her supervisor in order to assess the need to modify or end the safety plan.

When a safety plan is implemented as the result of a Child Protection Investigation, all monitoring and management of the safety plan is the responsibility of the Investigation Specialist. When an investigator implements a safety plan for which he/she will not be responsible, e.g., the investigative specialist on call, the investigator or supervisor will staff the safety plan with the receiving investigator. The receiving investigator will ensure that all involved parties in the safety plan are provided with his/her contact information as the worker responsible for monitoring the plan. The original investigator or supervisor will document the safety plan staffing in a SACWIS note.

If there is an open Intact Service case and investigation is open as well, the Investigative Specialist remains responsible for monitoring the safety plan until the investigation is closed. If a safety plan remains in place after the investigation is closed, the Intact Service worker acquires the responsibility for monitoring the safety plan at the transition visit. When cases are transferred, the worker transferring the case shall discuss the case and the terms of the safety plan with the new worker at the time of the case transfer. This responsibility is applicable regardless of whether the worker is DCFS or POS staff.

The Department retains sole responsibility for monitoring safety plans. Under no circumstance may safety plan monitoring be delegated to family members or any other persons.

q) Ending Safety Plans

Safety plans are terminated:

- When the family no longer wishes to participate voluntarily in the safety plan.
- When the safety threats are no longer present and the safety plan is no longer needed.
- At the conclusion of the investigation, regardless of the final finding of the case, unless there is an open service case.
- When the safety plan implemented is not sufficient to control safety threats and an alternate safety plan must be developed.

The responsible worker must terminate the safety plan using the CFS 1441-B form. A copy of the form must be provided to those legally responsible for the child and those who agreed to be a part of the safety plan.

Under no circumstance may contracted or Department staff terminate Department involvement while a safety plan is in effect.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Policy Guide 2014.20

**Procedures 300 Reports of Child Abuse and Neglect
Procedures 302 Services Provided by the Department
Procedures 315 Permanency Planning**

DATE: December 31, 2014
TO: All Child Protection and DCFS/POS Child Welfare Staff and Supervisors
FROM: Bobbie Gregg, Acting Director *Bobbie Gregg*
EFFECTIVE: January 1, 2015

I. PURPOSE

The purpose of this Policy Guide is to provide instruction to Child Protection and Child Welfare staff for the implementation of changes in policy and procedure, as required by recent changes made by PA 98-0830 to the Children and Family Services Act. The instructions in this Policy Guide will be incorporated into **Procedures 302.250 Paramour Involved Families; 302.260 Domestic Violence; 302.388, Intact Family Services, 302 Appendix A Substance Affected Families; 302 Appendix B Older Caregivers; Procedures 315.110 Worker Contacts and Interventions; Procedures 315 Appendix A CERAP and Procedures 300 Appendix G CERAP.**

This Policy Guide is effective January 1, 2015.

II. PRIMARY USERS

Primary users are all Child Protection Specialists and Supervisors and all DCFS/POS Child Welfare Workers and Supervisors.

III. BACKGROUND

Procedures 300 Appendix G CERAP/Procedures 315 Appendix A CERAP (Current)

Safety Plans

Safety plans are voluntary, temporary and short term measures designed to control serious and immediate threats to children's safety. They must be adequate to ensure the child's safety and be as **minimally disruptive** to the child and family as is reasonably possible. Additionally, families can request that a safety plan be modified or terminated at any time. The safety plan will indicate which safety threat or threats have led to the need for a safety plan according to the completion of the CERAP. The safety plan will require a written



description of what will be done or what actions will be taken to protect children, who will be responsible for implementing the components of the safety plan and how/who will monitor it. It is important that safety plans be developed with the family to control specific threats and that the family understands the mechanism for ending each safety plan. **Under no circumstance is a safety plan to serve as the solution to a long-term problem. A family may request at any time to modify or terminate the safety plan.**

When a safety plan is implemented, it should be documented on a **CFS 1441-A, Safety Plan** when it is likely that a child could be moderately or severely harmed now or in the very near future. The safety plan must be developed whenever there are protective efforts that would reasonably ensure child safety and permit the child to remain in their caregiver's custody. After the safety plan has been developed, it must be immediately implemented to ensure that all of the designated tasks are completed effectively. The safety plan should contain timeframes for implementation and continued monitoring.

IV OVERVIEW

Public Act 98-0830 amends Section 21 (f) of the Children and Family Services Act [20 ILCS 505/21] with respect to safety plans. The Department shall initiate immediate changes to practice, with subsequent changes in policy and procedure, for the implementation of the following requirements:

- The Department or POS caseworker shall provide each parent, guardian and adult caregiver participating in a safety plan a copy of the written safety plan as signed by each parent, guardian and adult caregiver and by the DCFS or POS representative;
- The Department shall provide information to each parent, guardian and adult caregiver participating in the safety plan explaining their rights and responsibilities including, but not limited to, information for how to obtain medical care, emergency phone numbers, and information on how to notify schools or day care providers, when necessary; and
- The Department or POS representative shall ensure that the safety plan is reviewed and approved by their respective supervisor.

V. INSTRUCTIONS

Effective immediately:

- Child Protection and Child Welfare staff shall provide the parent, guardian and adult caregiver participating in a safety plan with a copy of the **CFS 1441-A, Safety Plan** that has been signed by all adult participants and the DCFS/POS representative;

Note: Department and POS staff must use only the **CFS 1441-A, Safety Plan (Rev 12/2014)** that has been revised to meet the requirements of PA 98-0830.

- The Department or POS representative shall provide each parent/guardian, adult caregiver and safety plan participant with information explaining their rights and responsibilities including, but not limited to: information for how to obtain medical care for the child, emergency contact information for participants including phone numbers and information on how to notify schools and day care providers of safety plan requirements. The rights and responsibilities of each parent/guardian, adult caregiver, safety plan participant and child protection/child welfare staff are listed in new forms **CFS 1441-D, Safety Plans Rights and Responsibilities for Parents and Guardians; CFS 1441-E, Safety Plan Rights and Responsibilities for Responsible Adult caregivers and Safety Plan Participants; CFS 1441-F, Safety Plan Responsibilities for Child Protection Specialists and Child Welfare Caseworkers.** All CFS 1441 forms are available in central stores, templates, and the website; and
- After receiving verbal supervisory approval of the safety plan prior to leaving the family home, the Department or POS representative shall submit the signed **CFS 1441-A** to their respective supervisor for review and approval.

VI. ATTACHMENTS

CFS 1441-A, Safety Plan (Rev 12/2014)

CFS 1441-D, Safety Plans Rights and Responsibilities for Parents and Guardians (New 12/2014);

CFS 1441-E, Safety Plan Rights and Responsibilities for Responsible Adult caregivers and Safety Plan Participants (New 12/2014); and

CFS 1441-F, Safety Plan Responsibilities for Child Protection Specialists and Child Welfare Caseworkers (New 12/2014).

Please note that the **CFS 1441-A** is printed on a 6 Part form and available from Central Stores. The **CFS 1441-D – F** are printed on regular paper and available from Central Stores, DCFS Website and T drive. All forms will be available in Spanish.

VII. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook at OCFP – Mailbox. Non Outlook users may e-mail questions to cfpolicy@idclfs.state.il.us.

VIII. FILING INSTRUCTIONS

This Policy Guide should be filed immediately after **Procedures 302.250 Paramour Involved Families; Procedures 302.260 Domestic Violence; Procedures 302.388 Intact Family Services; Procedures 302 Appendix B Older Caregivers; Procedures 315.110 Worker Contacts and Interventions; Procedures 315 Appendix A CERAP and Procedures 300 Appendix G CERAP.**